

Title: *LRRK2* Parkinson Disease *GeneReview* – Neuropathology

Authors: Saunders-Pullman R, Raymond D, Elango S

Date: October 2019

*LRRK2*-PD has the potential to be the "Rosetta stone" of parkinsonian disorders because: (1) all the major pathologies associated with parkinsonism have been observed; and (2) the end-stage pathology may differ even in families with the same pathogenic variant (see [Table](#)). For example:

- **p.Arg1441Cys.** Four members of Family D with this pathogenic variant had variable, pleomorphic pathology:
  - One with diffuse Lewy body disease within the cortex and brain stem;
  - One with Lewy bodies restricted to brain stem, typical of idiopathic PD;
  - One with a 4R-tauopathy with globose neurofibrillary tangles and tufted astrocytes, reminiscent of argyrophilic grain disease and progressive supranuclear palsy (PSP); and
  - One with nigral neuronal degeneration and gliosis, without coexisting pathology [Wszolek et al 2004].
- **p.Tyr1699Cys.** Two members of Family A with this pathogenic variant had ubiquitin-immunoreactive cytoplasmic and nuclear inclusions (Marinesco bodies), and a third had brain stem Lewy body disease [Zimprich et al 2004].
- **p.Gly2019Ser.** As the most common pathogenic variant, p.Gly2019Ser is present in the majority of autopsied cases in which brain stem or transitional,  $\alpha$ -synuclein immunopositive Lewy body pathology is observed [Taylor et al 2006]. Rarely, however, nigral neuronal loss and gliosis only or alternate tauopathy or ubiquitin-immunopositive pathology are observed [Giasson et al 2006, Ross et al 2006] (see [Table](#)).
- **p.Ile2020Thr.** In four members of the Sagamihara kindred with this pathogenic variant, only moderate nigral neuronal degeneration and gliosis with no coexisting intracytoplasmic lesion pathology were observed [Funayama et al 2005]. Tau pathology has since been present in six individuals with this pathogenic variant [Ujiiie et al 2012].

**Table. Number of Individuals with *LRRK2* PD with Distinct Pathogenic Findings**

<i>LRRK2</i> Pathogenic Variant	Lewy Bodies and Neurites	Tau and NFTs	Ubiquitin	Neuronal Loss Only
p.Arg1441Cys	2	1	0	1
p.Tyr1699Cys	1	0	1	1
p.Gly2019Ser	13	2	1	1
p.Ile2020Thr	1	6	0	6

NFTs = neurofibrillary tangles

Zimprich et al [2004], Funayama et al [2005], Gilks et al [2005], Giasson et al [2006], Rajput et al [2006], Ross et al [2006], Ujije et al [2012]

In some cases with neuronal loss and otherwise nonspecific findings, TDP-43 immunopositive inclusions may be observed [Covy et al 2009; Dennis Dickson, personal communication].

## References

Covy JP, Yuan W, Waxman EA, Hurtig HI, Van Deerlin VM, Giasson BI. Clinical and pathological characteristics of patients with leucine-rich repeat kinase-2 mutations. *Mov Disord.* 2009;24:32-9.

Funayama M, Hasegawa K, Ohta E, Kawashima N, Komiyama M, Kowa H, Tsuji S, Obata F. An LRRK2 mutation as a cause for the parkinsonism in the original PARK8 family. *Ann Neurol.* 2005;57:918-21.

Giasson BI, Covy JP, Bonini NM, Hurtig HI, Farrer MJ, Trojanowski JQ, Van Deerlin VM. Biochemical and pathological characterization of Lrrk2. *Ann Neurol.* 2006;59:315-22.

Gilks WP, Abou-Sleiman PM, Gandhi S, Jain S, Singleton A, Lees AJ, Shaw K, Bhatia KP, Bonifati V, Quinn NP, Lynch J, Healy DG, Holton JL, Revesz T, Wood NW. A common LRRK2 mutation in idiopathic Parkinson's disease. *Lancet.* 2005;365:415-6.

Rajput A, Dickson DW, Robinson CA, Ross OA, Dachsel JC, Lincoln SJ, Cobb SA, Rajput ML, Farrer MJ. Parkinsonism, Lrrk2 p.Gly2019Ser, and tau neuropathology. *Neurology.* 2006;67:1506-8.

Ross OA, Toft M, Whittle AJ, Johnson JL, Papapetropoulos S, Mash DC, Litvan I, Gordon MF, Wszolek ZK, Farrer MJ, Dickson DW. Lrrk2 and Lewy body disease. *Ann Neurol.* 2006;59:388-93.

Taylor JP, Mata IF, Farrer MJ LRRK2: a common pathway for parkinsonism, pathogenesis and prevention? *Trends Mol Med.* 2006;12:76-82.

Ujije S, Hatano T, Kubo S, Imai S, Sato S, Uchihara T, Yagishita S, Hasegawa K, Kowa H, Sakai F, Hattori N. LRRK2 I2020T mutation is associated with tau pathology. *Parkinsonism Relat Disord.* 2012;18:819-23.

Wszolek ZK, Pfeiffer RF, Tsuboi Y, Uitti RJ, McComb RD, Stoessl AJ, Strongosky AJ, Zimprich A, Muller-Myhsok B, Farrer MJ, Gasser T, Calne DB, Dickson DW. Autosomal dominant parkinsonism associated with variable synuclein and tau pathology. *Neurology.* 2004;62:1619-22.

Zimprich A, Biskup S, Leitner P, Lichtner P, Farrer M, Lincoln S, Kachergus J, Hulihan M, Uitti RJ, Calne DB, Stoessl AJ, Pfeiffer RF, Patenge N, Carbajal IC, Vieregge P, Asmus F, Muller-Myhsok B, Dickson DW, Meitinger T, Strom TM, Wszolek ZK, Gasser T. Mutations in LRRK2 cause autosomal-dominant parkinsonism with pleomorphic pathology. *Neuron.* 2004;44:601-7.